

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9980</b>	2 Fiscal Year Covered From <b>1 / 1 / 04</b> Through <b>31 / 12 / 04</b>
3 Name and address of person filing Name <b>BARRY LLOYD EDMONDS</b>  P O Box Bldg Room No if any <b>29014</b>  Street  City <b>HONOLULU</b>  State <b>HI</b> ZIP Code + 4 <b>96820</b>	4 Name file number and address of labor organization Name <b>NPMHU Local 299</b>  Labor Organization File Number <b>514577</b>  P O Box Building and Room Number if any <b>29014</b>  Street  City <b>HONOLULU</b>  State <b>HI</b> ZIP Code + 4 <b>96820</b>
5 Position in labor organization <b>LOCAL PRESIDENT</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction or Income        7 b Amount

### Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)	
Signed <b>Barry S Edmonds</b>	On <b>08-12-05</b> <b>-808 256-8725</b> Date Telephone Number

Name of Person Filing <u>BARRY LLOYD EDWARDS</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)  Name <u>FIRST HEALTH</u>  Trade Name if any _____  P O Box Bldg Room No if any _____  Street <u>3200 HIGHLAND AVE</u>  City <u>DOWNERS GROVES</u>  State <u>IL</u> ZIP Code + 4 <u>60515</u>	9 Business deals with  a Labor Organization  b Trust  c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>THE MAIL HANDLERS BENEFIT PLAN</u> <u>2004 OPEN SEASON SEMINAR</u> <u>AWARD DINNER (HUSBAND &amp; WIFE)</u>  11 b Approximate dollar value of such dealing <u>50.00</u> 12 a Nature of interest held or income received _____  12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14 a Nature of payment _____  14 b Amount of payment _____
13 b Is the Business an Employer or Consultant ?	